

PATENT

MS320715.02/MSFTP1909USA

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being submitted *via* the USPTO EFS Filing System on the date shown below to **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date: March 26, 2010

/Stacey Bussey/
Stacey Bussey

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Applicant(s): Alain T. Rappaport

Application No: 09/591,769

Filing Date: June 12, 2000

Examiner: Rachel L. Porter

Art Unit: 3626

Conf. No: 4769

Title: METHOD, APPARATUS AND SYSTEM FOR PROVIDING HEALTH
INFORMATION

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

REPLY TO EXAMINER'S AMENDMENT

Dear Sir:

This is to confirm that the Examiner's amendments to place the subject application in condition for allowance are acceptable to applicants' representative.

In the event any fees are due in connection with this document, the Commissioner is authorized to charge those fees to Deposit Account No. 50-1063 [MSFTP1909USA].

Should the Examiner believe a telephone interview is necessary to discuss these changes, the Examiner is invited to contact applicants' undersigned representative at the telephone number below.

Respectfully submitted,

Date: March 26, 2010

/Thomas E. Watson/

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